

KG-210285

R# 27961

FILED DEC 10 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

318

Primary Registration District No.

1003

STATE FILE NUMBER

Registrar's No. 11416

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>SAGAMON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>ST. LOUIS</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>35 HOSPITAL OR INSTITUTION VET ADM HOSPITAL</b>		d. STREET ADDRESS <b>1031 E MILLER STREET.</b>	
Length of stay in lb <b>13 DAYS</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>LEO</b>		4. DATE OF DEATH Month <b>11</b> Day <b>28</b> Year <b>57</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>6-11-96</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SELF EMPLOYED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>PRODUCE</b>	11. BIRTHPLACE (City and state or country) <b>ST LOUIS, MO.</b>
13a. FATHER'S NAME <b>JAMES HANNEY</b>		13b. MOTHER'S MAIDEN NAME <b>ALICE KIELEY</b>	14. NAME OF HUSBAND OR WIFE <b>FLORENCE HANNEY</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or no, or unknown) (If yes, give year or dates of service) <b>YES WW I</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT <b>VA HOSP RECORDS</b>		Address <b>915 N GRAND ST LOUIS MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ASPIRATION PNEUMONIA</b> <b>? gas</b> DUE TO (b) <b>EMESIS SASTEO -- ILEO FISTULA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>DUODENAL - ULCER</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>MYOCARDIAL INFARCT</b>			INTERVAL BETWEEN ONSET AND DEATH <b>541.0</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <b>VA</b>		COUNTY <b>ST. LOUIS</b> STATE <b>MO.</b>	
21. attended the deceased from <b>11-15-57</b> to <b>11-28-57</b> and last saw him <b>11-28-57</b> Death occurred at <b>5:45 A.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joseph M. D.</b>		22b. ADDRESS <b>VAH. ST. LOUIS, MO.</b>	
22c. DATE SIGNED <b>11-28-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>11/28/57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Springfield, Mo</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo</b>	
24. FUNERAL DIRECTOR <b>Edward Fendler 5611 South Grand Blvd.</b>		25. DATE RECD. BY LOCAL REG. <b>NOV 29 57</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Harry G. Kachur Jr.* .....

Licensed Embalmer No. *7950* .....

P. O. Address *St. Louis* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.